

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 3/05

Event Date 03/28/2012  
Page 8 3.28 BP

Name of Committee in Full Paula Brooks Committee								
Full Name of Contributor Don M. Casto III					Registration Number, if PAC			
Street Address 52 Robinwood Ave		Employer/Occupation/Labor Organization*			M 03	D 30	Y 12	Amount \$1,500.00
City Columbus		State OH	Zip Code 43213-1786		Form (Cash, Check, etc.) Check			
Full Name of Contributor Don M. Casto III					Registration Number, if PAC			
Street Address 52 Robinwood Ave		Employer/Occupation/Labor Organization*			M 03	D 30	Y 12	Amount \$1,500.00
City Columbus		State OH	Zip Code 43213-1786		Form (Cash, Check, etc.) Check			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$11,625.00

\$194.95

Page Total \$ 3,000.00